

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000048657

1. Corporation Name

VALID RESULTS, INC.

Principal Place of Business

535 VILLA GRANDE AVE. SOUTH
ST. PETERSBURG FL 33707

Mailing Address

7233 DAREMOUTH AVE N
SAINT PETERSBURG FL 33710



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/12/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3659030	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED - <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SMITH, GRANT S	535 VILLA GRANDE AVE. SOUTH	ST. PETERSBURG FL 33707

500008599885
10/25/02--01108--017 **150.00

Bruck

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MYERS, ROBERT J 1135 PASADENA AVE. SOUTH STE. 140 ST. PETERSBURG FL 33707		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Grant S. Smith* **SIGNATURE REQUIRED** Date *10/12/02*

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Grant S. Smith* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/02)

pg 2 of 2

Valid Results Incorporated βx_i
Statistical Design and Research for Business

October 22, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Application for Reinstatement

To Whom It May Concern:

Please accept this correspondence as written notification of our failure to receive prior notification of uniform business report. It is possible that the previous notices were directed to the mailing address reflected on the attached report. The street reflected in the printed address is misspelled and may have somehow hampered efforts to forward our mail to the address we registered with the Post Office.

Attached you will find the Application for Reinstatement for Valid Results, Inc., along with our check in the amount of \$150.00. Should you require any additional information, or have questions regarding this matter, please do not hesitate to contact me at 727-347-1353.

Thank you for your consideration in this matter.

Sincerely,



Grant Smith
President